Medicare/Medicaid Provider Cross-Reference Form

Complete all of the information below and return to ACS by October 14, 2005.

Medicare Number	Effective Date	Provider Name	er Name DC Medicaid Number	
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EXAMPLE: Doctor Smith works at ABC clinic, XYZ clinic, and has a private practice. The Medicare provider number assigned to him to bill services he provides at the ABC clinic is 1111111, the Medicare provider number assigned to him to bill services he provides at the XYZ clinic is 2222222, and the Medicare provider number assigned to him for billing his private practice is 3333333. He would provide the DC Medicaid Program the following information:

Medicare Number	Effective Date	Provider Name	DC Medicaid Number	Pay To Name
1111111	01/01/2000	John Smith	7777777	ABC Clinic
222222	01/01/2000	John Smith	7777777	XYZ Clinic
3333333	01/01/2000	John Smith	7777777	John Smith

Please use one form for each provider. If you have any questions, please contact Provider Enrollment at 202-906-8318 (inside DC Metro area) or 866-752-9231 (outside DC Metro area).

Signature		Date
-	Return to:	Date
	ACS State Healthcare	

P.O. Box 34761 Washington, DC 20043-4761 Fax: 202-906-8399

Medicare/Medicaid Provider Cross-Reference Form

Complete all of the information below and return to ACS by Friday, June 17, 2005.

EXAMBLE 5	Medicare Number
	Effective Date
	Provider Name
Number	DC Medicaid
Pay To Name	3, 280).

EXAMPLE: Doctor Smith works at ABC clinic, XYZ clinic, and has a private practice. The Medicare provider number assigned to him to bill services he provides at the ABC clinic is 1111111, the Medicare provider number assigned to him to bill services he provides at the XYZ clinic is 2222222, and the Medicare provider number assigned to him for billing his private practice is 3333333. He would provide the DC Medicaid Program the following information:

		-	_	
11111111 2222222		3333333		
01/01/2000 01/01/2000	0002/10/10	01/01/2000		
Provider Name John Smith	John Smith	T.L. C	John Smith	
DC Medicaid Number	מה ההדרור		7777777 33	
Pay To Name ABC Clinic		XYZ Clinic	John Smith	OH OH

Please use one form for each provider. If you have any questions, piease contact Frovider Enrollment at 202-906-8318 (inside DC Metro area) or 866-752-9231

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Return to: S State Healthcare

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